

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Case Number: _____

In the Matter of:

**APPLICATION FOR CHANGE OF
NAME FOR A FAMILY**

Names of persons who request a change of name

STATEMENTS TO THE COURT, UNDER OATH

1. INFORMATION ABOUT ME, THE APPLICANT

Name: _____

Address: _____

Date of Birth: _____

County of Residence: _____

Place of Birth: _____

**2. INFORMATION ABOUT THE PERSON(S) FOR WHOM THIS NAME CHANGE IS
REQUESTED**

☐ Same as listed in Number 1 above. Requested Name: _____

A. Name: _____

Address: _____

Date of Birth: _____

County of Residence: _____

Place of Birth: _____

Relationship to Applicant: _____

Requested Name: _____

B. Name: _____

Address: _____

Date of Birth: _____

County of Residence: _____

Place of Birth: _____

Relationship to Applicant: _____

Requested Name: _____

If you wish to include more people in this application, please attach another sheet of paper. List for each person their current name, address, date of birth, county of residence, place of birth, relationship to Applicant, and the new name they request.

3. REASON FOR THIS REQUEST FOR CHANGE OF NAME

I request that the names be changed as listed above for the following reasons:

4. ADDITIONAL STATEMENTS

A. Has any person listed above been convicted of a felony? ☐ Yes ☐ No

If yes, who? _____

B. This application is made solely for the best interest of the persons named above. It will not release the persons from any obligations incurred or harm any rights of property or action in any original name.

OATH AND VERIFICATION OF APPLICANT:

STATE OF ARIZONA)
County of Maricopa) ss.

I, the Applicant, being duly sworn and under oath, state that I have read this Application. All the statements in the Application are true, correct, and complete to the best of my knowledge and belief.

SIGNED: _____
Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, _____, by

Applicant's Name

NOTARY PUBLIC: _____

My Commission Expires:
